

Caption in Compliance with D.N.J. LBR 9004-1(b)

Case No.: 19-29950

Chapter: 7

Adv. No.:

Hearing Date: _____

Judge: CMG

1. I, Marie Chamra :

☐ represent _____ in this matter.

☒ am the secretary/paralegal for William H. Oliver, Jr, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On 5/6/2022, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.

Order for Amendment to Schedules and Notice of Bankruptcy

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: 5/6/2022

Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>AES Attn: Bankruptcy Po Box 64378 St. Paul, MN 55164 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive</p>	creditor	<p><input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Community Medical Center P.O. Box 903 Oceanport, NJ 07757-0903 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process</p>	creditor	<p><input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Deborah Specialty Physicians Attn: #15823X P.O. Box 14000 Belfast, ME 04915 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive</p>	creditor	<p><input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>Dr Vijay Kamath 25 Mule Rd UNIT B5 Toms River, NJ 08755 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process</p>	creditor	<p><input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>
<p>IC System Attn: Bankruptcy Dept. 444 Highway 96 East PO Box 64378 Saint Paul, MN 55164 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By</p>	creditor	<p><input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Millstone Twp Fire District PO Box 949 Matawan, NJ 07747-0949 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Nissan Motor Acceptance Corp/Infinity Lt Attn: Bankruptcy Po Box 660360 Dallas, TX 75266 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Nissan Motor Acceptance Corp/Infinity Lt Pob 660366 Dallas, TX 75266 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Optum Rx PO Box 9040 Carlsbad, CA 92018-9040 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Quality Medical Transport co Stillman Law 50 Tower Office Park Woburn, MA 01801 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Westlake Portfolio Management, LLC 4751 Wilshire Blvd Los Angeles, CA 90010 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Quality Medical Transport P. O. Box 320 Bayville, NJ 08721 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
RWJ Health Network PO Box 21989 New York, NY 10087-0001 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Westlake Portfolio Management, LLC Attn: Bankruptcy Po Box 76809 Los Angeles, CA 90054 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Westlake Portfolio Management, LLC 4751 Wilshire Blvd Los Angeles, CA 90010 Att: President, Vice President, Officer, Managing Or General Agent Or Any Other Agent Authorized By Appointment Or By Law To Receive Service Of Process	creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)